Facility_____

_____ End of Month-Offender Status Report

Prepared By: _____Phone No:_____

Offender Status Report

Name	DOC Number	Date of Arrival	Current Earned Credit Level	Date of Next Review	Active Misconducts (A and B - list date points expire)	Date Employed	Employer Name and Address	Work Hours (7-8), (8-5), (3-11)	Pay Period (weekly, bimonthly, monthly)	Case Manager